

EXHIBIT C

Exhibit 112

**BETHESDA CARE
ENCOUNTER/PROGRESS NOTES**

Injury Date: 3-17-99
Claim #: _____

Patient Name: Rick Newman Date: 3-18-99
Company (if work related): Viox Services

Chief Complaint: Exposure to SO₂ (fumes)

Previous injury or condition which contributes to claimant's present disability? ☐ No ☐ Yes

If yes, describe: _____

BP: 120/88 P: 76 R: _____ Temp: 98.8 Allergies: NKDA

Currently under a doctor's care? ☒ No ☐ Yes Reason: _____

Current medications: NONE

HISTORY OF PRESENT ILLNESS: pt. states exposed to SO₂ fumes
on 3-17-99, now experiencing bad cough + congestion
in chest, throat is now sore

Initials: TG

PHYSICAL FINDINGS: S: as above

O: nasal mucous

post-nasal drip → PND

neck supple, no adenopathy

lung clear but tight

heart Hw & murmur

DIAGNOSIS: Chemical pneumonitis ☐ Continued on next page

TREATMENT PLAN		INITIALS
<u>Mucosol dose pack</u>		
<u>NTW 5. instructions</u>		
<u>CATC 3-29-99</u>		
274		NEW 0370

Physician Signature: [Signature] Date: 3-18-99

- ☐ Bethesda Care Blue Ash
Phone: 791-4040
- ☐ Bethesda Care Norwood
Phone: 731-3399
- ☐ Bethesda Care Queensgate
Phone: 241-4135
- ☐ Bethesda Care Sharonville
Phone: 563-1505

TriHealth

- ☐ Bethesda Care Woodlawn
Phone: 771-1100
- ☐ Bethesda Warren County
Phone: 745-1435 or 932-6464
- ☐ Good Samaritan Occupational Health
Phone: 872-2875

WORK/ACTIVITY RESTRICTION REPORT

Name: Rick Newman Date: 3-18-99

Company: Viox Services

Medical Condition Evaluated: chemical pneumonitis

I have evaluated the above medical condition and find:

- ☒ This individual may return to work without restriction
restriction today or on _____
- ☐ This individual may return to work with the following
restrictions today or on _____
- ☐ Limited use of right/left hand/arm/leg
- ☐ Keep injured area clean, dry and covered
- ☐ No lifting or carrying over 20 40 60 80 lbs.
- ☐ No climbing stairs or ladders
- ☐ No stooping, bending, or crouching
- ☐ No operating moving equipment, parts, or machinery
- ☐ Standing limited to _____ hours at a time
- ☐ Other: _____
- ☐ Referred to specialist; may work with restrictions
as determined above

Treatment of this individual included:

- ☐ Burn care 2° or 3°
- ☐ Fracture found by x-ray
- ☐ Physical therapy:
Frequency: _____
- ☒ Prescription medication
- ☐ Removal of foreign body
- ☐ Wound closure:
☐ Steri-strips ☐ Sutures

In: _____

Back: 13²⁵

Out: 13⁵⁵

IF CANNOT MEET RESTRICTIONS, MUST BE OFF WORK. IF YOU HAVE ANY QUESTIONS REGARDING THESE WORK RESTRICTIONS OR A REFERRAL TO A SPECIALIST, PLEASE CONTACT THE TREATING FACILITY NOTED ABOVE.

THIS INDIVIDUAL IS UNABLE TO RETURN TO WORK:

- ☐ Referred to specialist (see attached)
- ☐ Sent to hospital
- ☐ Off duty until seen again at Bethesda Care/Good Samaritan
- Revisit scheduled for: 3-29-99 @ 8am

Supervisor contacted: ☐ Yes ☐ No

Name: _____

Next visit only if complications: _____

**** CALL IF COMPLICATIONS OR QUESTIONS ARISE. ****

- ☐ Discharge instructions given and understood

FAKED

275

NEW 0374

Initials - Individual

Initials - Staff

Physician Signature